

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16284

State File No.

4860

FILED JUN 9 1943 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5701 Cote Brilliant Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME GEORGE W. KENNEDY.

3. (b) If veteran, name war..... None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Grace J. Kennedy. 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased November 16, 1879.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 9 hr. min.

9. Birthplace Springfield, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation..... Printer.

11. Industry or business.....

12. Name..... Dont know.
13. Birthplace..... Virginia
(City, town, or county) (State or foreign country)
14. Maiden name..... Dont know.
15. Birthplace..... Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Grace J. Kennedy.

(b) Address..... 5701 Cote Brilliant Ave.

17. (a) Burial (b) Date thereof 5-28-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Lake Charles Cemetery

18. (a) Signature of funeral director..... Geo. L. Pleitsch Inc.

(b) Address..... 5966 Easton Ave.

19. (a) MAY 26 1943 (b) G. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5701 Cote Brilliant Ave.
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th.
year 1943. hour 1 minute 35 PM.

21. I hereby certify that I attended the deceased from June - 29, 1943, to May - 25, 1943
that I last saw him alive on May - 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral hemorrhage Duration 8 days

Due to.....
Due to.....

Other conditions..... Malnutrition, probable at
(Include pregnancy within 3 months of death)
Major findings: Primary site - metastatic
Of operations..... Malnutrition, probable
June - 29 - 43 Carcinoma
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... S. H. Allen (M. D. or other)
Address..... 4903 Delmar Date signed..... 5/26/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. T.H. Hale.
Roosevelt Hotel Bldg.
Hours 2-4 P.M.
Rosedale 1471

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 345-4

Ben Hoffman
working under my personal supervision.

Registered Apprentice No. 346

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 3966 Easton St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.